



## Family Preservation Court

### Interest Card

Please check areas of interest:



- |  |  |
|--|--|
| <input type="checkbox"/> Volunteer                           | <input type="checkbox"/> Mentoring         |
| <input type="checkbox"/> CASA (child advocate)               | <input type="checkbox"/> Foster Parenting  |
| <input type="checkbox"/> Donation of Services                | <input type="checkbox"/> Day care provider |
| <input type="checkbox"/> Donation of Items                   | <input type="checkbox"/> Transportation    |
| <input type="checkbox"/> Donate Drug Testing                 | <input type="checkbox"/> Visit Supervisor  |
| <input type="checkbox"/> Adopt a Family                      | <input type="checkbox"/> Job Training      |
| <input type="checkbox"/> Media                               | <input type="checkbox"/> Advertising       |
| <input type="checkbox"/> Housing                             | <input type="checkbox"/> Health Services   |
| <input type="checkbox"/> Education                           | <input type="checkbox"/> Grants/Funding    |
| <input type="checkbox"/> Storage Space for donated furniture |  |
| <input type="checkbox"/> Other _____                         |  |

Your contact information:

Company name: \_\_\_\_\_

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_



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As with the story of the thousand STAR FISH on the shore — we may not be able to save them all but, — “It makes a difference to that one”. Help us help our families in need—ONE AT A TIME!

If you are interested in assisting the families in your community to achieve a better quality of life, please take a few minutes to indicate on the back of this card what areas you or your company would like more information on and/or if you would like someone to contact you.

You may leave your completed card with one of the Community Outreach presenters, mail or fax to the address/number below.

FOR INFORMATION ABOUT DONATIONS  
(INCLUDING SERVICES OR VOLUNTEER/  
MENTORING )PLEASE CONTACT:  
DARLENE YOUNKER  
MENTAL HEALTH SYSTEMS  
PHONE: (858) 573-2600  
9465 FARNHAM STREET  
SAN DIEGO, CALIF. 92123

FOR INFORMATION ABOUT DONATIONS  
OF ITEMS OR STORAGE SPACE PLEASE  
CONTACT: DENNY MIGHELL  
PHONE: (951) 757-5212  
EMAIL: DMIGHELL@YAHOO.COM